



## MDCMA JOINT PROVIDERSHIP FORMS INFORMATION

The Miami-Dade County Medical Association Continuing Medical Education Committee (CME) looks forward to working with you in planning your upcoming CME activity. Our goal is to make the process as simple as possible, while at the same time ensuring 100% compliance with the Florida Medical Association (FMA) and the Accreditation Council for Continuing Medical Education (ACCME) Accreditation Criteria and Standards.

Even if you have been a joint sponsor/joint provider of CME programs in the past, please take the time to read this letter and familiarize yourself with the content. We have made changes to the application, forms, and other materials to simplify the process.

Below are forms and resources found on our website to assist you in your Joint Providership:

1. **Joint Providership Program Frequently Asked Questions** – This 3-page document provides an overview of the process for applying for CME joint providership; it includes what your responsibilities are before, during and after the CME activity. It also explains the criteria for all promotional materials. Please read carefully!
2. **Online Application** – it is not as onerous as it sounds, and actually replaces several forms.
3. **Agreement for Commercial Support** – if applicable
4. **Disclosure Form** – There is a link to this form within the application. All planners and faculty must complete a disclosure form. At your request, the MDCMA can create an online version of this form for you so you may share the link with your planners and faculty to complete.
5. **Sample Announcement/Flyer** – This is a sample of exactly how your promotional pieces, flyer, brochure needs to look and the information it must include.
6. **Electronic Evaluation Form link** for physicians attending the CME activity will be forwarded to you when your program application has been approved. We ask that you encourage all learners to complete this evaluation after the conclusion of your activity.
7. **Sample Director's Evaluation letter from the Activity Director.** The Activity Director must submit a director evaluation letter evaluating the overall program.
8. **Sample Budget**
9. **Use one of the three appropriate sign-in sheets labeled 10-12.**

Finally, all handouts, etc. distributed at the activity must be forwarded to the DCMA within the 10-day timeframe from the conclusion of the event.

Please do not hesitate to contact the MDCMA CME Department if you have any questions regarding this process. As indicated above, our goal is to facilitate joint providership of quality CME activities for physicians in our community, and for that process to be as simple as possible.

**MDCMA CME Department:**

(305) 324-8717 ext. 2000

[cpope@cobbmanagement.com](mailto:cpope@cobbmanagement.com)



## MDCMA JOINT PROVIDERSHIP FORMS INFORMATION

### Miami-Dade County Medical Association Committee on Continuing Medical Education Application Fees and Requirements

#### Application Fee:

1st hour	\$500
Additional Hours	\$100 each additional hour

#### Grand Rounds Session:

1st Hour	\$500
Additional sessions	\$100

(Grand Rounds are generally held monthly on a quarterly basis. The \$500+ \$200 fee applies each quarter.)

#### Tumor Boards Session:

1st hour	\$500
Additional sessions	\$100

(Tumor Boards are generally held weekly on a quarterly basis. The \$500+ \$1,100 fee applies each quarter.)

#### Commercial Support Fee:

All programs receiving commercial support will be charged the following processing fee:  
\$500 per program

#### Late Fee:

Applications received less than 21 calendar days from the program date will be fined \$500. (No program will be accepted with less than 10 calendars days from the program's onset.)

#### Make check payable to:

Miami-Dade County Medical Association  
1800 Coral Way, PO Box 453303  
Miami, FL 33245

#### Requirements:

To ensure adequate time for processing application materials should be received at least 21 calendars day in advance.